



ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 N. 7th Ave, Ste 208 ♦ Phoenix, AZ 85013
(602) 274 - 0236 Option 1 ♦ Fax (602) 274 - 1378

Web site: www.ptboard.az.gov ~ Email: paula.brierley@ptboard.az.gov

**Foreign Educated Applicant / Graduate of a Program Not Accredited by the
U.S. Commission on Accreditation of Physical Therapy Education (Non-CAPTE)**

Pursuant to state law, you must be licensed before starting work in Arizona as a physical therapist.

NOTICE OF APPLICATION FILE CONFIDENTIALITY: The Board office advises all applicants for physical therapist licensure that no information concerning any application file will be disclosed to any third party unless otherwise required by law. Application information is confidential. This policy has been implemented to protect sensitive information.

Steps for applying for licensure in Arizona: To verify deadlines for receipt of documents prior to Board meetings see Calendar at our website: www.ptboard.az.gov. Note: Deadlines are firm.

Step 1: Submit a credential evaluation of your college / university transcript that has been completed specifically for Arizona. The list below contains the 5 agencies available and accepted to complete the evaluation. As this step may take several weeks to complete, we strongly suggest that your credential evaluation be completed before application for licensure to us. *Note: the evaluation report must be prepared within 18 months from the date of the application and sent directly to this Board by the credentialing agency.*

Credentialing Agencies Available and Accepted by the Arizona Board of Physical Therapy

Agency Name	Address	Contact Numbers
Foreign Credentialing Commission on Physical Therapy, Inc. (FSBPT)	124 West Street South., 3 rd Fl Alexandria, VA 22314	Phone: (703) 684-8406 Fax: (703) 684-8715
International Credentialing Associates, Inc	7245 Bryan Dairy Road, Ste450 Largo, FL 33777	Phone: (727) 549-8555 Fax: (727) 549-8554
International Consultants of Delaware, Inc (ICD)	3600 Market Street, Suite 400 Philadelphia, PA 19104-2651	Phone: (215) 349-8767 Fax: N/A
Graduate and International Admissions Center The University of Texas at Austin	2608 Whitis Avenue Austin, TX 78712	Phone: (512) 475-7409 Fax: (512) 475-7395
International Education Research Foundation, Inc. (IERF)	Post office Box 3665 Culver City, CA 90231-3665	Phone: (310) 258-9451 Fax: (310) 342-7086

Per Arizona Administrative Rule: R4-24-203-B:

After receiving a credential evaluation report from a credential evaluation agency that shows the education **IS** substantially equivalent to the education required of a physical therapist in an accredited education program (See Step 2), the Board shall issue an Interim Permit to complete a supervised clinical practice once the AZLAW (Jurisprudence exam) and the NPTE (national Exam) have been passed and all other requirements have been met.

After receiving a credential evaluation report from a credential evaluation agency that shows the education is **NOT** substantially equivalent to the education required of a physical therapist in an accredited education program, the Board may require the applicant to:

- Complete one or more university or college courses and obtain a grade of C or better in each course;
- Complete a college level examination program; or
- If an applicant for a license, complete one or more continuing competence courses

Transcripts of the completed coursework are to be sent to the evaluation agency to update the credential evaluation report as well as official copies to be sent to Arizona State Board of Physical Therapy (AZSBPT). The updated report must also be sent to AZSBPT.

~ Instruction continue on page 2 ~

Step 2: Submit your completed application form making sure it is notarized and all questions have been answered.

- Enclose the required application fee with the completed application. The fee must be submitted as a *cashier's check or money order only and made out to "Arizona State Board of Physical Therapy."*
 - ◆ The fee for an application submitted between September 1, 2008 and August 31, 2009 is \$260.00.
 - ◆ The fee for an application submitted between September 1, 2009 and August 31, 2010 is \$190.00.
- Attach all official documentation relevant to any questions answered with a "yes" in the Good Moral Character section of the application.
- Attach a passport-sized photograph (approximate dimensions 1½" by 2") to the application using either glue or tape in the section of page one as indicated.
- Complete the attached form, "Arizona Statement of Citizenship and Alien Status for State Public Benefits." All applicants are required by federal and state law to submit this completed document along with the appropriate documentation with the completed application.

Step 3: Arrange to have the following submitted directly to the Arizona State Board of Physical Therapy (AZSBPT) from the issuing entity:

- Official final transcript with your degree(s) posted and date of graduation.
- Official written proof that your school of physical therapy education is recognized by its own Ministry of Education.
- Official documentation establishing that you currently have authorization to practice physical therapy without limitation in the country where you were educated.
- Official documentation that you are legally authorized to reside and seek employment in the United States or its territories.
- *If English is not your primary language*, submit official documentation indicating passing scores on the Test of English as a Foreign Language (TOEFL), the test of Written English (TWE) and the Test of Spoken English (TSE) examinations or the iBT examination. See passing scores below.

Note: R4-24-203 (A) (4): *Exams must be passed no more than 18 months before the date on which the application is administratively complete.*

Column 1	Column 2	Column 3	Column 4
TOEFL: <ul style="list-style-type: none"> • Paper-based score of 560 or more or • a computer based score of 220 plus TSE - See column 2 <i>and</i> plus TWE - See column 3 	Test of Spoken English: TSE Score of 50 or more plus TWE	Test of Written English (TWE) Score of 4.5 or more	iBT Total of 100 with no less than a score of 25 in each of the four sections as listed: <ul style="list-style-type: none"> • Writing section minimum of 25 • Speaking section minimum of 25 • Reading section minimum of 25 • Listening section minimum of 25

Step 4: The following documentation must be received by the deadline indicated on our website (see page 1)

- A letter of verification of licensure from each jurisdiction within the United States in which you have a current or expired license to be sent directly to this Board from the licensing entity. You may either use the copies of the enclosed verification form or have the jurisdiction(s) mail us a letter with the required information as found on the enclosed verification. Licensure verification forms must be stamped with an official seal signed by the issuing authority.
- Passing score for the National Physical Therapy Examination (NPTE),
 - ◆ If you have taken and **passed the NPTE**, the score must be transferred at your request from the Federation of State Board of Physical Therapy (FSBPT) website: <http://www.fsbpt.org> directly to AZSBPT.
 - ◆ If you have **not** passed the NPTE, the Board will determine approval to sit for the exam when your application is complete enough to submit the request to the Board.

~ Instructions continue on page 3 ~

- AZSBPT requires registration for the AZLAW (Jurisprudence) exam and the NPTE be done on line at www.fsbpt.org. Once you have registered for the exam(s), paid the registration fee to FSBPT and your application and application fee have been received by Arizona State Board of Physical Therapy (AZSBPT), we will approve your request to take the AZLAW. Study material for the AZLAW (Jurisprudence) will be mailed to you when your application is received. Refer to the Candidate Handbook for more information on this examination.
- Once AZSBPT approves testing, the Authorization to Test (ATT) letter is available for download from the "Status of My Request" section on the FSBPT website once you have been made eligible by AZSBPT. This letter does not come from this Board, but from the FSBPT.
- You will be able to schedule an exam after approval is given. Scheduling is done at www.prometric.com/fsbpt.

FSBPT and Prometric (the company providing testing sites) charge separate fees for the exam. Within approximately 48 hours of taking the exam, you may check whether you have passed by going to the FSBPT website. AZSBPT will notify you by letter of any failing score with instructions for scheduling a follow-up exam.

It is imperative that you maintain a current address with the Board office; you may update your address by e-mail, fax or U.S. mail. *You may contact our Licensing Administrator, Paula Brierley, at 602 297-0276 (or email her at paula.brierley@ptboard.az.gov) if you have any questions regarding the application process.* We look forward to assisting you with the application process.

Please note that the Board meets only once a month to review applications; therefore, it is imperative that you access the official Board calendar from our website to verify deadlines and dates of Board meeting at www.ptboard.state.az.us/public/ptays/calendar.asp.

PRACTICE IS PROHIBITED BY LAW PRIOR TO ISSUANCE OF A LICENSE. APPLICANTS ARE URGED NOT TO ENTER INTO IRREVOCABLE CONTRACTS, PURCHASE, OR SALES AGREEMENTS ON THE ASSUMPTION THAT LICENSURE WILL BE GRANTED ON A CERTAIN DATE.



Arizona State Board of Physical Therapy
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E-Mail: paula.brierley@ptboard.az.gov

APPLICATION TO OBTAIN A PHYSICAL THERAPIST LICENSE

~ APPLICANT EDUCATED IN A FOREIGN COUNTRY / NOT ACCREDITED BY CAPTE ~

Check one: ☐ 1st Application Submitted ☐ 2nd Application Submitted ☐ Other _____

Check the type of license you are seeking (check one):

☐ Licensure by examination **OR** ☐ Licensure by endorsement (currently licensed in the U.S. and have passed the NPTE)

Application must be accompanied by a **MONEY ORDER OR CASHIER'S CHECK** payable to the Arizona State Board of Physical Therapy. The application fee is non-refundable. The Board will notify the applicant of eligibility.

Designate the appropriate application fee:

- ☐ \$260.00 Application fee for 12 or more months for an application submitted between September 1 of an even numbered year and August 31 of odd numbered year. [A.R.S. §32-209(1)] [R4-24-206(1)]. (**Application submitted between September 1, 2008 and August 31, 2009**)
- ☐ \$190.00 Application fee for less than 12 months for an application submitted after September 1 of odd numbered year to August 31 of even numbered year. [A.R.S. §32-209(1)] [A.A.C. R4-24-107(1)]. (**Application submitted between September 1, 2009 and August 31, 2010**)

Mr.
Name: Ms. _____
Last First Middle Other name(s) previously used

Current home information

Mailing address: _____
Number/P. O. Box Street Apt. # City or Town State Zip Code

Telephone numbers: Residence: () _____

Mobile/Pager: () _____

E-Mail: _____ Date of Birth: _____
(month, day, year)

Social Security Number: _____ - _____ - _____

Current work place information (must be completed if employed – Use NA if not employed at this time)

Business Name: _____

Business Address: _____
Number/P. O. Box Street Ste # City or Town State Zip Code

Business Telephone Number: () _____

Position Description and Title: _____

Affix photo
here; must be taken
within the last 6
months

(head & shoulders)
Affix with Glue or
Tape – No Staples

Federal and State laws require the Arizona State Board of Physical Therapy to obtain an applicant's social security number in connection with an application for a license. 42 U.S.C. §666(a)(13); A.R.S. §§25-320(K) and 25-502(E). The social security number, which will be kept confidential from the public, will be used "to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders." A.R.S. §§ 25-320(K), 25-502(E). Note: A.R.S. §32-2003(10) requires the Board to maintain a list of business and residential addresses and telephone numbers. A.R.S. §32-2051(B) provides that the Board keep residential information confidential unless it is the only address or telephone number of record.

EDUCATION: Include all universities/colleges attended. Complete all requested information seen in the grid below. If the information is not complete, it may result in a delay of licensure. False or misleading information may cause for denial, disciplinary action or loss of license. An OFFICIAL TRANSCRIPT with date of graduation and degree earned must be received from the college/university from which you received your physical therapy degree.

Name of Institution	Location	Years (From – To)	Date of Graduation	Degree or Diploma

PROFESSIONAL EXPERIENCE:

List your professional employment history for the past 5 years, including the name address, and telephone number of each employer, job title, and description of the work done. Explain ALL gaps in employment during the past five years. Attach another page if necessary. **** DO NOT LEAVE BLANK LINES. WRITE THE INITIALS N/A IF SECTION DOES NOT APPLY. ****

Date (From – To)	Name of Work Place	Address	Job Title / Position

PREVIOUS LICENSURE HISTORY: List all U.S. jurisdictions in which you are, or have been licensed to practice physical therapy or any other medical-related license. Include the license / certificate number and status. You may attach another page if necessary.

Name of State	Type of License, License Number and Status (i.e. active, expired, etc.)	Name of State	Type of License, License Number and Status (i.e. active, expired, etc.)

NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE): Have you taken the NPTE? Yes No (circle one)

If yes, give date(s) and location(s): _____

- You are responsible for notifying the FSBPT to transfer your examination score directly to the Board.

Do you need special accommodations to take the examination? Yes No N/A (Circle one) If you circle *yes*, documentation will be required. Contact the Arizona State Board of Physical Therapy for specific information required or refer to our Substantive Policy Statement adopted by AZSBPT *Americans with Disabilities Act* located on our website: www.ptboard.az.gov.

GOOD MORAL CHARACTER QUESTIONS

If you answer “YES” to any of these questions, please submit a written explanation and attach legal or medical documentation supporting your answer.	
1) Have you been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Have you had an application for a professional or occupational license, certificate, or registration, other than a driver’s license, denied, rejected, suspended, or revoked by any jurisdiction of the United States or foreign country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Are you currently or have you ever been under investigation, suspension, or restriction by a professional licensing board in any jurisdiction of the United States or foreign country for any act that occurred in that jurisdiction that would be the subject of discipline under this Chapter?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) Are you currently more than 30 days in arrears for payment required by a judgment and order for child support in Arizona or any other jurisdiction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7) Have you failed to adhere to the recognized standards of ethics of the physical therapy profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8) Have you committed any of the actions referenced in the definition of good moral character in R4-24-101? Good moral character means the applicant has not taken any action that is grounds for disciplinary action under A.R.S. §32-2044.	YES <input type="checkbox"/> NO <input type="checkbox"/>
9) Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10) Do you have any impairment to your cognitive, communicative, or physical ability to engage in the practice of physical therapy with skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11) Have you used alcohol, any illegal chemical substance, or prescription medicine that in any way has impaired or limited your ability to practice physical therapy with skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12) Have you been diagnosed as having or are you being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder that in any way has impaired or limited your ability to practice physical therapy with skill and safety.	YES <input type="checkbox"/> NO <input type="checkbox"/>
13) Have you ever violated A.R.S. § 32-2044 (10) “Engaging in sexual misconduct”?	YES <input type="checkbox"/> NO <input type="checkbox"/>

LICENSURE HISTORY IN FOREIGN COUNTRY

- 1) List all foreign countries in which you hold an active or expired license to practice physical therapy and include the license number and status for each license.

Country	License Number	Status (example: <i>active, expired</i>)	Was your practice limited?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered **yes** to the above question "Was your practice limited?" you must arrange for the following documents to be submitted to the Board:

- a) The name, address, and telephone number of the entity that limited your practice of physical therapy;
- b) A description of the action or lack of action that led to the limitation of your practice as a physical therapist;
- c) A description of the limitation on your practice of physical therapy.

- 2) **LANGUAGE:** Is English your native language? ☐ Yes ☐ No

If you have answered NO, what is your native language? _____.

You must arrange for the Educational Testing Service (ETS) to directly send your TOEFL, TWE and TSE scores or the iBT scores to our office.

- 3) **LEGAL AUTHORIZATION TO RESIDE AND SEEK EMPLOYMENT IN THE UNITED STATES:**

You must complete the form included in this packet "Arizona Statement of Citizenship and Alien Status for State Public Benefits". Verifying documentation must be included with this form.

- 4) **All documents submitted to the Board office must meet the following requirements: A.A.C. R4-24-203 (A)(2)** "The applicant shall ensure that a document required by R4-24-201 or this subsection is:

- a) Submitted to the Board in English; or
- b) Accompanied by the original English translation by a qualified translator if the document is submitted to the Board in a language other than English and includes an affidavit of accuracy by the qualified translator affirming:
 - i. The qualified translator has translated the entire document,
 - ii. The qualified translator has not omitted anything from or added to the translation, and
 - iii. The translation is true and accurate."

~THE FOLLOWING MUST BE COMPLETED ~

AFFIDAVIT OF APPLICANT: Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including notarized documentation, are true, complete and correct. I understand that any false or misleading information in my application may be cause for denial, disciplinary action or loss of license.

Signature of Applicant

State of _____

County of _____

Sworn to before me this _____ day of _____, 20_____.

Notary Public

NOTICE OF APPLICATION FILE CONFIDENTIALITY: The Board office advises all applicants for physical therapist licensure that no information concerning any application file will be disclosed to any third party or as required by law. Application information is confidential and this policy has been implemented to protect sensitive information.

Did you remember to:

- ☐ Attach Passport Photo to Page 1 of the Application
- ☐ Enclose Money Order or Cashier's Check
- ☐ Complete all questions
- ☐ Complete and enclose the form with the appropriate documentation "Arizona Statement of Citizenship and Alien Status for State and Public Benefits".
- ☐ Attach additional documents if appropriate
- ☐ Notarize Application

~ All applicants are required to notify the Board immediately of any change of address, phone number or name.

~ Title II of the Americans with Disabilities Act (ADA) prohibits the Arizona State Board of Physical Therapy from discriminating on the basis of disability in the provision of its programs, services, and activities.



ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208
PHOENIX, ARIZONA 85013
Phone (602) 274-0236, Option 1 ♦ Fax (602) 274-1378

**VERIFICATION OF PHYSICAL THERAPIST LICENSE
OR OTHER HEALTH RELATED LICENSE**

TO BE COMPLETED BY APPLICANT:

NAME _____

ADDRESS _____

LICENSE NUMBER _____ CERTIFICATE NUMBER _____

**TO BE COMPLETED BY THE PHYSICAL THERAPY OR OTHER HEALTH RELATED STATE
BOARD WHERE APPLICANT HOLDS OR HAS HELD A LICENSE.**

The above applicant has requested licensure with the Arizona State Board of Physical Therapy. In order to meet the requirements of our Physical Therapy Law, please complete this form and return it to the Board at the address above.

NAME OF LICENSEE: _____

TYPE OF LICENSE: _____ LICENSE NUMBER: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

Has the Licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? YES ___ NO ___ If yes, please attach documents.

(SEAL)

Signed _____

Title _____

State of _____

Board of _____

Date _____

**INFORMATION AND INSTRUCTIONS FOR APPLYING FOR THE
NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE)
AND
JURISPRUDENCE (AZLAW)**

The Arizona Board of Physical Therapy requires that applicants sit for and pass the appropriate NPTE as well as the AZLAW exam as a prerequisite for licensure/certification.

The Federation of State Boards of Physical Therapy (FSBPT) is the organization responsible for administering and developing these examinations. Although Arizona neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams.

PROMETRIC is the company with which you will schedule the examination(s) given at testing sites across the United States.

AZSBPT is the Arizona State Board of Physical Therapy.

Instructions:

1. Register on-line with FSBPT to take the AZLAW (jurisprudence) examination and the NPTE. If you have passed the NPTE, request FSBPT to transfer the score to Arizona. If you are living outside of the United States, you will not be required to take this exam until you are in the U.S. to take the NPTE.
 2. AZSBPT requires that registration for the AZLAW exam and the NPTE be done on line at www.fsbpt.org. If you cannot do so, please contact FSBPT at 703-299-3100.
 3. Once you have registered for the AZLAW exam, paid the registration fee to FSBPT *and* your application and application fee have been received by AZSBPT, we will approve your request to take the AZLAW.
 4. If you have not taken the NPTE, your application will be presented to the Board once it is complete. The Board must grant approval to sit for this exam. Once the Board has given its approval to take the exam, you must register with FSBPT.
 5. The Authorization to Test (ATT) letter is available for download from the "Status of My Request" section on the FSBPT website once you are eligible. You may then go to www.prometric.com/fsbpt and schedule the time and location of the exam. The ATT letter does not come from AZSBPT.
- FSBPT and Prometric (the company providing testing sites) charge separate fees for the exam. FSBPT and Prometric are separate entities from the AZSBPT.
 - If you are not eligible to take either or both exams, AZSBPT will inform you in writing of outstanding requirements that must be completed before you are eligible to sit for the exams.

Within approximately 48 hours of taking an exam, you may check whether you have passed the exam by going to the FSBPT website and then choosing "Exam Registration" and then "Registration Status" where you will be prompted to answer security questions.

The Arizona State Board of Physical Therapy will notify you of the scores obtained once your application is complete. In addition, if the exam is failed, AZSBPT will notify you by mail as soon as the failing score has been received.

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Commercial License
Arizona State Board of Physical Therapy

Form 1: LONG FORM APPLICANT STATEMENT (revised) REQUIRING SUBMISSION OF
DOCUMENTATION OF STATUS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. §1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes §1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE _____

TYPE OF APPLICATION (check one): _____ INITIAL APPLICATION _____ RENEWAL _____

TYPE OF LICENSE _____

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ☐ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country

City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III - ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. §1-501. Name of document provided: _____

"Qualified Alien" Status [8 U.S.C. §§1621 (a)(1), -1641(b) and (c)]

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. An alien who is granted asylum under Section 208 of the INA.

- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is, a "battered alien" or an alien subjected to extreme cruelty in the United States.

Non-immigrant Status (8 U.S.C. §1621(a)(2))

- ☐ 9. A non-immigrant under the Immigration and Nationality Act [8 U.S.C. §1101 *et seq.*] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. §1101(a)(15).

Alien Paroled into the United States For Less Than One Year [8 U.S.C. §1621(a)(3)]

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C. §1621(c)(2)(A) and (C))

- ☐ 11. A non-immigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in the Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. §1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. §1-501)

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. §1621(a).

SECTION IV - DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S. National Status, or Alien Status

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)(unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240)(issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545)(issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings)(formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior version), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)(unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;

- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)(unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)(unless the applicant was born to foreign diplomats residing in such a jurisdiction);

c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI)(formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time).
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a non-immigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

d. Derivative Citizenship

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

f. U.S. Citizenship By Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

LIST B: QUALIFIED ALIENS, NON-IMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR

The documents listed below that are registration documents are indicated with an asterick ("*").

a. "Qualified Aliens"

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on *I Form I-94.

Asylee

- *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- *Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- *Form I-94 annotated with stamp showing admission under §207 of the INA;
- *Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- *Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for at Least One Year

-*Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

Alien Whose Deportation or Removal Was Withheld

-*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
-*Form I-766 (Employment Authorization Document) annotated "A10"; or
-Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241(b)(3) of the INA.

Alien Granted Conditional Entry

-*Form I-94 with stamp showing admission under §203(a)(7) of the INA;
-*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
-*Form I-766 (Employment Authorization Document) annotated "A3."

Cuban/Haitian Entrant

-*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
-Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the code CU6 or CU7; or
-Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty

-U.S. Citizenship and Immigration Service petition and supporting documentation

b. Non-immigrant

Evidence of "Non-immigrant" status includes the following:

-*Form I-94 with stamp showing authorized admission as non-immigrant

c. Alien Paroled into U.S. for Less than One Year

Evidence includes:

-*Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA

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